Rec'd PCT/PTO 29 DEC 2005

DEC 29 2005 Docket No.: Q85350

ON AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ROBOT FOR USE WITH ORTHOPAEDIC INSERTS

the	application of which						
	Æ	is attached hereto					

OR

was filed on December 15, 2004 as United States Application Number or PCT International Application Number 10/517,846 (Confirmation No. 9015), and was amended on December 15, 2004 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part application(s), material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application(s) which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application(s) having a filing date before that of the application on which priority is claimed.

Prior Application Number(s) PCT/IL03/00515

Country OTIW

Filing Date June 17, 2002 **Priority Claimed** Nο æs

I hereby claim benefit under 35 United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)

60/389,214

Filing Date

June 17, 2002

I hereby claim benefit under 35 United States Code §120 of any United States application(s) or §365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in a listed prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge my duty to cisclose any information material to the patentability of this application as defined in 37 C.F.R. 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U.S. or International Application Number(s)

U.S. or International Filing Date

Status

I hereby appoint all attorneys of SUGHRUE MION, PLLC who are listed under the USPTO Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number. SHINGTON OFFICE

CUSTOMER NUMBER

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

[Page 1 of 2]

	NAME OF SOLE OR FIRST INV	ENTOR:						
	Given Name							
)	(first and middle [if any]) Moshe		Family Name or Surname SI	НОНАМ				
	Inventor's Signature	<u> </u>	Date	· · · · · · · · · · · · · · · · · · ·				
	Residence: City Hoshaya	State IV	Country Israel	Citizenship Israeli				
	Mailing Address: Mazor Surgical	Mailing Address: Mazor Surgical Technologies Ltd., 7 Haeshel Street, P.O. Box 3104						
	City Caesarea	State	Zip 38900	Country Israel				
	NAME OF SECOND INVENTOR	<u>:</u>						
\	Given Name (first and middle [if any]) Leo_		Family Name or Symposis IC	ASK OWIGZ				
•	(mst and middle [if any]) Leo	1/10	Family Name or Surname JC	SKOWICZ				
	Inventor's Signature		Date	2/11/05				
	Residence: City Jerusalem	State IX	Country Israel	Citizenship Israeli				
	Mailing Address: Mazor Surgical	Гесhnologies Ltd., 7 Haeshel	Street, P.O. Box 3104.	1				
	City Caesarea	State.	Zip 38900	Country Israel				
	NAME OF THIRD INVENTOR:		-					
`	Given Name		2 11 27					
,	(first and middle [if any]) Charles		Family Name or Surname M	ILGROM .				
	Inventor's Signature		Date					
	Residence: City Jerusalem	State JUK	Country Israel	Citizenship Israeli				
	Mailing Address: Mazor Surgical 7	rechnologies Ltd., 7 Haeshel S	Street, P.O. Box 3104.	· · · · · · · · · · · · · · · · · · ·				
	City Caesarea	State	Zip 38900	Country Israel				
	NAME OF FOURTH INVENTOR:							
)	Given Name (first and middle [if any]) Ziv		Family Name or Surname YANIV					
	Inventor's Signature		Date					
	Residence: City Jerusalem	State IU	Country Israel	Citizenship Israeli				
Ì	Mailing Address: Mazor Surgical Technologies Ltd.							
	City Caesarea	State	Zip 38900	Country Israel				
	NAME OF FIFTH INVENTOR:							
)	Given Name (first and middle [if any]) Ariel		Family Name or Surname SIMKIN					
ŀ	(unar and middle [tr sub]) Witer							
	Inventor's Signature	T	Date	·				
	Residence: City Jerusalem	State FUL	Country Israel	Citizenship Israeli				
Mailing Address: Mazor Surgical Technologies Ltd., 7 Haeshel Street, P.O. Box 3104.								
1	City Caesarea	State	7in 38900	Country Israel				

:						
Invertor's Signature rol	The form	r	Date			
Residence: City Hoshaya	State	Coi-stry Israel	Citizenship Israeli			
Mailing Address: Mazor Surgical T	echnologies Ltd., 7 Haeshel S	ireet, P.O. Box 3104				
City Caesarea	State	Zip 38900	Country Israel			
NAME OF SECOND INVINTOR:						
Given Name (first and middle (if any)) Lec Family Name or Surname JOSKOWICZ						
Inventor's Signature		<u> </u>	Date			
Residence: City Jerusalem	State	Country Israel	Citizenship Laeli			
Mailing Address: Mazor Surgical I	echnologies Ltd. / Haeshel S	Street, P.O. Box 3104.				
City Caesarea	State	Zip 38900	Country Israel			
NAME OF THIRD INVENTOR:						
Given Name (first and middle [if any]) Charles		Family Name or Surname	MILGROM			
	<u> </u>		6 -			
Inventor's Signature Chil	E if he	2.5	Date 8-/1-02			
Residence: City Jerusalem	STATE	Cognitive Israel	Citizenship Israeli			
Meiling Address: Mazor Surgical		, , , , , , , , , , , , , , , , , , ,				
City Caesarea	State	Zip 38900	Country Israel			
NAME OF FOURTH INVENTOR						
Given Name (first and middle (if any)) Ziv		Family Name or Surname	YANIV			
Inversor's Signature			Date 30/10/2005			
Residence: City Jarusalam	S' ate	Country Israel	Citizenship Laraeli			
Mailing Address: Mazor Surgical Technologies Ltd.						
City Caesarea	Sixte	Zlp 38900	Country Israel			
NAME OF FIFTH INVENTOR:						
Given Name						
(first and middle (if any)) Ariel Family Name or Surname SIMKIN						
Live to 13.7 a m			Date			
Residence: City Jerusalem	State	Country Israel	Chizenship Israeli			
Mailing Address: Mazor Surgicui Technologies Ltd., 7 Hasshel Street, P.O. Box 3104.						
City Cacta va	State	Zip 38900	Country Israel			

NAME OF SOLE OR FIRST INVENTOR:								
Given Hame (first and middle (if any)) Maske		Family Name or Surgame SHOHAM						
Inventor's Signature		Date						
Residence: City Hoshaya	State	Country Israel		Citizenship Israeli				
Mailing Address: Mazor Surgical Tochnologies Ltd., 7 Hacehel Street, P.O. Box 3104								
City Creames	State	7Jp 38900		Country Issael				
NAME OF SECOND INVENTOR:								
Given Name (first and uniddle (if anyl) Leo		Family Name or Sumanc	ZOL	KOWICZ				
Inventor's Signature	1		Date					
Residence: City Januarian	State	Comulty Israel		Citizenship Israeli				
Mailing Address: Mazor Surgical T	ectualingles Ltd., 7 Hacehel	Street, P.O. Box 3104.						
City Caesares	State	Zīp 38900	. 1	Country Israel				
NAME OF THIRD INVENTOR:								
Olven Namo (first and middle [[[sny]]) Charles		Pennity Numer or Sumamo MILGROM						
Inventor's Signature		Date						
Residence: City Jeruselerr.	State	Country Israel	أ	Citizenship Israedi				
Mailing Address: Mazer Surgical	Fachnologies Ltd., 7 Flasshol	Street, P.O. Bux 3104.	·					
City Cnestres	State	Z:p 38900		Country Israel				
NAME OF FOURTH INVENTOR		decisión de la companya de la compan						
Olven Name	Pamily Name or Surnamo YANIV							
(first and middle [if any]) Ziv								
Inventor's Signature		1	Date					
Residence: City Jenusalem	State	Country Israel		Citizenship Israell				
Mailing Address: Mazor Surgical Technologies 1td.								
City Cacastes	State	Zip 38900		Country Israel				
NAME OF FIFTH INVENTOR:								
Given Name (first and middle (if anyl) Ariel	Family Name or Sumance SIMKIN							
Inventor's Signature	Simlin		Date	09 Nov 2005				
Residence: City Jerosalem	State	Country Establ		Citizenship (sraeti				
Mailing Address: Mazor Surgical Technologies Ltd., 7 Hasshel Street, P.O. Box 3:04.								
	la.	750 30000		Chambra Iomei				

[Page 2 of 2]